

CRITICAL CARE

Site Serial #:

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SITE:

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ADDRESSOGRAPH

RETURN TO: The ICU

September 22, 2004 to

WARD:

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ATTENDING PHYSICIAN DIAGNOSIS FORM

A. "MOST SIGNIFICANT" PRE-EXISTING CHRONIC Diseases Conditions:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

B. FINAL ADMITTING DIAGNOSIS: (*MOST RESPONSIBLE reason for admission to your unit in slot 1) (Slot 2 to 6: OTHER MAJOR DX's identified on admission to your ward. List in order of IMPORTANCE)

- | | |
|-----------|----------|
| *1. _____ | 4. _____ |
|-----------|----------|
2. _____ 5. _____
 3. _____ 6. _____

C. *ALL SIGNIFICANT: MEDICAL COMPLICATIONS / MAJOR OPERATIVE & DIAGNOSTIC PROCEDURES occurring **AFTER** patient is admitted to your unit (List in order of occurrence)

- | | M / D / Y | | M / D / Y |
|----------|-----------|----------|-----------|
| 1. _____ | _____ | 6. _____ | _____ |
| 2. _____ | _____ | 7. _____ | _____ |
| 3. _____ | _____ | 8. _____ | _____ |
| 4. _____ | _____ | 9. _____ | _____ |
| 5. _____ | _____ | | |

D. *DISCHARGE / TRANSFER READY

Date & Time that a patient **no longer** requires an **ACTIVE INPATIENT BED** for medical reasons regardless of reason for delay to transfer out; i.e. waiting consults from Social Service or Home care, Long term care placement etc.)

DATE: _____ TIME: _____

E. Discontinuation of Treatment:

Circle

YES / NOAttending Physician Signature _____ M / D / Y

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____